

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-97)

SERIAL NO. 10/049511 FILING DATE 01/01/01
APPLICANT(S)

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT										
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1				1										
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9		3		1		1									
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11	1	1		1		1									
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50															
TOTAL IND.	1		2		2										
TOTAL DEP.		1		1		1									
TOTAL CLAIMS	1	1	2	1	2	1									